## State of Delaware Department of Agriculture, Weights and Measures 2320 South Dupont Highway Dover, DE 19901 (302) 698-4602 or (800) 282-8685 (DE only)

## **Application for Renewal of Weighmaster License**

Applicant Name and Telephone Nu	mber	Firm Name and Telephone Number
Address, City/St/Zip		Address, City/St/Zip
I hereby apply for renewal of my W	/eighmaster License No.	expiring
I hereby certify that I have not been thereto, of the Delaware Code.	n convicted of any violati	on of Title 6, Chapter 51, and amendments
		Signature of Applicant
		Signature of Applicant
	nse Fee - \$25.00 for thre oplication must be accor	ee calendar years
		ee calendar years
	plication must be accor	ee calendar years mpanied with payment
NOTE: Ap	pplication must be according to the NEW!!	ee calendar years mpanied with payment  CREDIT CARD PAYMENT  MasterCard  Discover

Doc No. 65-01-11/01/05/17